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(22 and)			U.S. Patr	ent and Tre	demark Office; U.S	PTÖ/SB/17 (12-04v2) rough 07/31/2005, OMB 0851-0032 S. DEPARTMENT OF COMMERCE		
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Effective on 12/08/2004. Fea Dursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).			J		Complete if K	лоwп		
FEE TRANSMITTAL						7716,211		
• "						18/2003		
For FY 2005						enneth M. Berry		
Applicant claims small entity status. See 37 CFR 1.27						mas J. Mullen		
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TOTAL AMOUNT OF PATE	MENT (\$)	1000.00	Attorney Dod	ket No.	KMB 64297			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Moncy Order None Other (please identify):								
Deposit Account Deposit Account Number 500859 Deposit Account Name: Pietragallo, Bosick &								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
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Charge any additional fee(s) or underpayments of fee(s) Left any overpayments WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038.								
FEE CALCULATION	-				<u> </u>			
1. BASIC FILING, SEAR			3			<u>, , , , , , , , , , , , , , , , , , , </u>		
	FILING F		ARCH FEES		VINATION FEE			
Application Type		nail Entity <u>Fee (\$) </u>	Small Entity (\$) Fee (\$)	Fee	<u>\$mall Entit</u> (\$) Fee (\$)	Y <u>Fees Paid (\$)</u>		
Utility	300	150 500	250	200				
Design	200	100 100	50	130	D 65			
Plant	200	100 300	0 150	160	0 80			
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2. EXCESS CLAIM FEES Fee Description Small Entity Fee (\$) Fee (\$)								
Each independent clair	200	25 100						
Multiple dependent cla					360	180		
Total Claims				<u>Multiple</u>	e Dependent Claims			
- 20 or HP = HP = highest number of total of	daims paid for.	if greater than 20.			<u>Fee (\$</u>	<u>Fee Paid (\$)</u>		
Indep. Claims	Extra Claims	s <u>Fee (\$)</u> <u>F</u> e	ee Paid (\$)					
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
shects or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge): Issue Fee (\$700) and Publication Fee (\$300) \$1000.00								
SUBMITTED BY								
Signature //	Il	10cm	Registration No. (Attorney/Agent)	32 949	Telec	phone 412-263-4340		
ne (Print/Type) Alan G. Towner, Esq.						Date June 21, 2005		

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TRANS FO to be used for all correspond Number of Pages In	s are required to respond to a col Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	Approved for use through 07/31/2006. OMB 0851-0031 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Section of information unless it displays a valid OMB control number. 10/716,211 11/18/2003 Kenneth M. Berry 2632 Thomas J. Mullen KMB 64297			
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request		retition retition to Convert to a rovisional Application retition of Convert to a rovisional Application rower of Attorney, Revocation rhange of Correspondence Address reminal Disclaimer request for Refund D, Number of CD(s) Landscape Table on CD		After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): - Fee Transmittal (Form PTO/SB/17) - Part B - Fee(s) Transmittal (Form PTOL-85)	
Signature Printed name	allo, Bosick & Gordon	F APPLICANT, ATTOR	eg. No.	32,949	

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